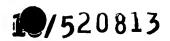
Rec'd P / PTO 07 JAN 2005



COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

			Docket	No.		646 <u>6</u>	5
As a below name	ed inventor, I	hereby declare	that:				
My residence, in next to my name		s and citizenshi	p are a	s sta	ated	d be	elow
name is listed (if plural name claimed and for	below) or an es are listed r which a pate	first and sole original, first below) of the su nt is sought on FOR PRODUCING L	and join bject ma the inve	nt in atte: entic	nver r wh	ntor hich	2
MATERIAL AN	O RELATIVE MET	HOD	_				/
the specificat following box		s attached heret	o unles	s the	е		
[X] was filed	on 02 July 2	003 as United	States A	Appl	icat	tior	ı
Number or	PCT Internati	onal Application	Number	PCT/	IT03	3/000)41 <u>6</u>
and was a	mended on	(i	f appli	cable	e).		
of the above i	dentified spec	eviewed and unde ification, incluerred to above.					
		sclose informati in 37 CFR §1.56.	on which	n is	mat	teri	.al
(d) or §365(b) inventor's certapplication who united States, checking the beinventor's certage.	of any foreig cificate, or § ich designated listed below ox, any foreig cificate, or P	ity benefits und n application(s) 365(a) of any PC at least one co and have also id n application fo CT International he application o	for pat T Internuntry of entified r patent applica	tent nation ther d bel t or ation	or onal tha low,	l an t , by	the '
Prior Foreign A	Application(s)		Pr	iorit	ty (Clai	med
FI2002A000122 (Number)		09 July 2002 (Day/Month/Year F		Yes			
PCT/IT03/000416 (Number)	PCT (Country)	02 July 2003 (Day/Month/Year F		(es	[X]	No	[]
(Number)	(Country)	(Day/Month/Year F		Yes	[]	No	[]

COMBINED DECLARATION & POWER OF ATTORNEY

Docket No. <u>6466</u>

			benefit						of	any	United
States	provisio	onal	applicat	cion(s)	li	.sted	be	elow.			

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application No.)	(Filing Date)	(Status-patented, pending, abandoned)
(Application No.)	(Filing Date)	(Status-patented, pending, abandoned)

I (we) hereby appoint the following attorney with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

THEODORE A. BREINER, Reg. No. 32,103; MARY J. BREINER, Reg. No. 33,161; and JENNIFER A. PULSINELLI, Reg. No. 52,139.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information

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and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Full Name of Sole or First Inventor: (given name, family name) <u>Gugleilmo BIAGIOTTI</u> Inventor's Signature_____ Date____ Residence: Capannori, Lucca, Italy Citizenship: Italy Mailing Address: Via di Vorno, 105, Capannori, I-55066 Lucca, Full Name of Second Joint Inventor, if any (given name, family name) <u>Mauro GELLI</u> Inventor's Signature_____ Date____ Residence: Capannori, Italy Citizenship: Italy Mailing Address: Via del Marginone 24, Fraz. Pieve S. Paolo, Capannori, I-55066 Lucca, Italy Full Name of Third Joint Inventor, if any (given name, family name)_____ Inventor's Signature_____ Date_____ Residence:_____ Citizenship:_____ Mailing Address:_____